

letters to the editor telling the medical profession what would happen to their pocketbooks if they continued their opposition to this measure.

So far as the officers and representatives of the State Medical Society located in all parts of the State can find out, the only physicians who are in favor of this law are those few who favored the attempt to foist compulsory health insurance upon the people of California and who are in favor of other forms of State medicine and the socialization of medicine and public health. A few physicians emphasize the fact in personal conversation that they are opposed to the measure, but frankly admit that on account of the threatened dangers to their practice they prefer to take no open stand. Physicians who favor State medicine or the socialization of medicine are usually also in accord with the same socialistic features of this law that appeal to the non-medical man.

The Sheppard-Towner law is not only an extreme example of what those favoring "state medicine" would like to have done, but it is one that puts the control of a medical question into the hands of a Federal bureau at Washington. So long as the physicians and other health officers of California comply with the rules of a bureau of the Department of Labor at Washington, they may have a certain amount of the taxes they have paid to the Federal Government back, provided, further, that they will tax themselves for an extra dollar for each dollar of their former Federal taxes that the Labor Department hands back to them.

Every physician, as well as every other worthwhile citizen, is earnestly interested and active in doing everything possible in a practical manner to reduce the hazards of childbirth and increase the happiness and health of mothers and infants, as well as of all other citizens. A recent survey shows that the physicians of California give an average of one-third of their time to service for which no fee is charged. Preliminary records from a further survey also indicate that physicians do not refuse their service in childbirth regardless of the patient's ability to pay, nor do they refuse their services during the period of gestation and the necessary period after birth.

In a recent resolution, the State Medical Society has gone on record as stating that every physician's office in California is a medical center to which any and all people may go and receive service, upon the condition that those who cannot pay or who can pay part will receive the same consideration as those who can pay. Physicians are ready and willing to increase the amount of free work, and they are willing to help both with services and taxes our own State and county health authorities extend help wherever it is needed *to those who are unable to pay for it themselves*. However, they do not extend this offer to the Department of Labor in Washington with a special organization of lay people who already, in some instances, are busy undermining physicians among their own clients in this and in other States.

Governor Richardson and the legislature are charged with the responsibility of accepting or

rejecting the provisions of the Sheppard-Towner law and with the still greater responsibility of making an entirely new appropriation from the State treasury as called for by the law, which is to be expended in a free medical service to all people, regardless of social or financial standing. There unquestionably will be powerful pressure brought to bear to force favorable action on this law. There will be no organized opposition so far as we are informed. The medical profession goes on record with the protest here expressed as being unalterably opposed to the bill, for the reasons herein set forth in addition to others that readily occur to every person. They go on record at the same time with the statement that they are willing, as they always have been, to do everything possible in the way of service or financial assistance to decrease the hazards of childbirth among those people who are unable to bear the normal expenses for good medical care by any means provided and controlled by our own State and with no control by a political body in Washington.

Copies of this editorial will be transmitted to the Governor of California and to every member of the legislature and to the editors of newspapers throughout the State.

MEDICAL ETHICS NOT CHANGED BY ELECTIONS

(Considered by the Council of the State Medical Society at its meeting on January 6, 1922, and unanimously ordered published as an editorial in the Journal.)

An unusually large number of inquiries are being received by the Journal and in the office of the State Society requesting information regarding the effect of the recent election upon requirements for membership in the Medical Society and upon the ethics of the medical profession—at least, that is what the inquiries amount to.

Physicians, of course, all know that the ethics of the medical profession is a moral code, arranged by themselves for their own conduct. It has nothing whatever to do with the law, except that law-abiding citizenship is one of the fundamental requirements of ethics. All professions and all businesses of whatever character have codes which govern the requirements of their membership. It is even said that "there is honor among thieves."

The ethics of the medical profession are over 2500 years old and the fundamentals of ethics have remained constant during that period. Certain codes of ethics connected with religion and the law are even older than that of the medical profession, and some of these also have remained practically unchanged.

One of the principal requirements of medical ethics is that physicians shall recognize as confreres only those who have an approved amount of education in institutions of approved character; who comply with the laws of their community regarding licensure, and who subscribe to the principles of professional ethics. It is unethical, of course, for any physician to recognize by association, consultation or in any other professional way any person purporting to practice the healing art who does not come up to the educational and ethical

standards set by the medical profession for the protection of the public.

Not only do the provisions of medical ethics apply to the physician as an individual, but they apply with equal force to hospitals and institutions that care for the sick and which are served or expect to be served by doctors of medicine. Certainly no physician can honestly comply with the provisions of ethics nor his membership requirements in local, state or national medical societies who practices medicine in an institution that admits the inadequately qualified to membership on its staff or extends to such people the right to practice within its walls. Strong pressure calculated to nullify these requirements always has been brought to bear on hospitals and other institutions caring for the sick by the inadequately educated and sectarian practitioners of one sort or another. This problem is again being agitated as a result of the recent election in California.

Most of the worth-while hospitals in this State have included provisions in their articles of incorporation, or have adopted by-laws which insure adequate educational qualifications of all those who practice within the institution. Others have failed to do this and consequently now have a serious problem to settle, which ought to have been anticipated and about which they have had due notice for a number of years.

All organizations of physicians, hospitals, and medical educational authorities of the country require one standard of education and ethical conduct in accredited hospitals. There is no reason to believe that any of these national or state organizations will change their policies in this respect as a result of the California election.

The duties and responsibilities of the educated, ethical doctors of medicine in California are, therefore, provided and are perfectly clear. No member of the California Medical Association can live up to the constitution and by-laws of his organization, nor to the ethics of his profession, who does not utilize in his practice any and all methods of proved value and who consequently does not practice sectarian medicine; who recognizes in any way by consultation or otherwise those who do practice sectarian medicine, including all those who do not hold the academic degree of doctor of medicine from an acceptable institution of learning. Nor can a member live up to the requirements of his membership and the ethics of his profession who allows his name to be on the staff of a hospital or treats his patients in a hospital where the educational requirements are not equal to those of the medical profession as expressed by the academic degree of doctor of medicine from a university or other acceptable institution of learning. Those licensed to practice sectarian medicine in this State have a legal right to have their own hospitals and to set their own standards for themselves, their education and their hospitals, and this it is announced they propose to do. These hospitals, as well as those operated for physicians, should be properly labeled for what they are so that the public may have no difficulty in securing what it wants.

ANNUAL MEETING OF THE STATE MEDICAL SOCIETY

A skeleton outline of the program of the 1923 meeting of the State Medical Society meeting was published in the December number of the JOURNAL. It is hoped that as many as possible of our members, as well as other physicians, will plan to arrive in San Francisco for this meeting and stay through the next week to attend the American Medical Association meeting, as well as a number of other national medical meetings that will be held at the same time.

All persons interested in presenting papers to the State meeting should communicate promptly with the appropriate section officers. These officers, with their addresses, are listed in each number of the JOURNAL. Because the time devoted to the State meeting has been reduced, the Council rules that papers read by title before this meeting may be published in the JOURNAL during the succeeding year.

All members of our State Society are particularly urged to write to the hotel of their choice in San Francisco and make their reservations early.

Many of our members will be on one or another of the committees of the American Medical Association, and if we are to live up to the usual California standards as hosts, members from all parts of the State must combine to make both our own and the American Medical Association meeting successful.

INSULIN

Insulin is one of the names that has been given to the new anti-diabetic hormone extracted from fresh pancreatic tissue. It is a valuable asset in the treatment of diabetes, but it is not curative.

Von Mering and Minkowski (1889) found that a fatal diabetes followed the total extirpation of the pancreas. Lepine (1909) suggested that this type of diabetes might be due to the withdrawal of an internal secretion of the pancreas. Numerous, unsuccessful attempts have been made to isolate this hypothetical hormone. More or less success accompanied the work of Cohnheim (1903), Knowlton and Starling (1912), Scott (1912), Murlin and Kramer (1913), Kleiner (1919) and Paulesco (1921), but the work of these authors was not sufficiently conclusive to justify the use of such extracts in the treatment of diabetes in man. To Banting and Best (1922) belong the credit of isolating the pancreatic extract known as insulin and bringing convincing proof of its value in the treatment of diabetes.

In explanation of previous failures and partial successes, it had been assumed that trypsin and other proteolytic enzymes present in the pancreas destroyed the supposed, sugar-burning hormone of the internal secretion. Banting proposed to circumvent the action of these enzymes by taking advantage of the well-known fact that the acinar cells in the pancreas which secrete the digestive enzymes degenerate in from seven to ten weeks after the ligation of the pancreatic duct, whereas those of the islands of Langerhans remain more or less intact. Opportunities were afforded him